





9161  
Emergency Contact Telephone Number

**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Small Generator

Manifest  
Document No.  
5-7-7-10

2. Page 1  
of 1

Information in the shaded areas is  
not required by Federal law.

3. Generator's Name and Mailing Address

Seaside Autobody, Inc  
1004 Commercial Ave Suite  
Anacortes WA 98221

4. Generator's Phone ( 360 ) 293-8080

5. Transporter 1 Company Name

CleanCare

6. US EPA ID Number

WAD988477147

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CleanCare Corporation  
1510 Taylor Way  
Tacoma WA 98421

10. US EPA ID Number

WAD980738512

AXSM Manifest Document Number  
990257110A

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (253) 627-1976

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

(206) 627-1976

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

HM

a. X RO, WASTE FLAMMABLE LIQUID,  
N.O.S., 3, PG II,  
UN1993, (Acetone, Toluene)

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
Wt/Vol

1. Waste No.

0001 D035 7003  
0005 WT02

00-1 Dm 000-16 G

J. Additional Descriptions for Materials Listed Above

11a. Acetone, Toluene, Mineral Spirits, Methanol, Xylene

990617-03

K. Handling Codes for Wastes Listed Above

a. FSUBS

15. Special Handling Instructions and Additional Information

11a. Use ERG# 128 for 11a, For Emergency 1-800-282-8128

Profile 12221

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

(D) SHELBY VEER

(S) Shelby Veer

12/1/99

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

Ken Watson

Ken Watson

10/1/99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

(S) H

Denard Hemley

10/1/99

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

Mike Deacon for a

Mike Deacon

06/28/99

T/S/D/F COPY



9161  
Emergency Contact Telephone Number

Form Approved, OMB No. 2050-0033, Expires 9-30-98

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WASTE MANIFEST**

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5. Transporter 1 Company Name

CleanCare

7. Transporter 2 Company Name

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CleanCare Corporation  
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Tacoma WA 98421

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No.

Type

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14. Unit  
Wt/Vol

1. Waste No.

D001 D035 F003  
2005 WT02

100 12m 1/6

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Printed/Typed Name

SHELBY VFER

Signature

[Signature]

Month Day Year

10/1/99

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

[Signature]

Signature

[Signature]

Month Day Year

10/1/99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

[Signature]

Signature

[Signature]

Month Day Year

06/1/99

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Mike Deacon

Signature

[Signature]

Month Day Year

10/1/99

TRANSPORTER #2

GENERATOR

TRANSPORTER

FACILITY



# NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: CLEANCARE CORPORATION  
(Designated Facility)

EPA ID NO.: WAD 980738512  
(Designated Facility)

1510 Taylor Way  
(Address)

Tacoma, WA 98421

The wastes identified on this form are subject to the Land Disposal restrictions of 40 CFR Part 268.

(Check boxes that apply)

Waste Name

EPA  
Waste  
Code

The Waste May Contain  
the Following Restricted  
Constituents

☐ Waste Petroleum Naptha

D001

Ignitable liquid  
(10% TOC)

☒ Non Wastewater

D008

Lead

☐ Wastewater

D018

Benzene

D039

Tetrachloroethylene

In accordance with 40 CFR(7)(a), the underlying hazardous constituent likely to be present are:

Toluene

Xylene

Ethyl Benzene

III Trichloroethane

☐ Waste Compound  
Cleaning Liquid/Submersion Cleaner  
(Non-chlorinated)

D001

Ignitable liquid  
(10% TOC)

☒ Non Wastewater

D018

Benzene

☐ Wastewater

D039

Tetrachloroethylene

☒ Waste Lacquer Thinner  
(or Gunwash)

D001

(10% TOC)

☒ Non Wastewater

F003

Xylene, Methanol, Acetone

☐ Wastewater

F005

Toluene, MEK

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, the process which created the waste and waste characterization data).

Generator Name: SEASIDE AUTO BODY

EPA ID #: S064x6m

Manifest #: 57110

Generator Signature: Shelby Veer

Date: 6/16/99

Printed Name and Title of Representative: SHELBY VEER

CleanCare Corp.® manages the above wastes through its recycling and fuels programs in accordance with all applicable elements of the land disposal restriction.



**CleanCare Corp.**  
Material Information Sheet

Profile Number: **12221**

Contract Date: **1/29/99**  
Review Date: **1/29/99**

<b>Generating Site</b>		<b>Mailing Address</b>	
Name:	SEASIDE AUTOBODY, INC.	Name:	
Address:	1004 COMMERCIAL AVE.	Address:	
City:	ANACORTES	City:	
State:	WA	State:	
Zip:	98221	Zip:	
Phone:	(206) 293-8080	Phone:	
Contact:		Contact:	
SP4 IN:	SQL6 EXTENT		

<b>WASTE MATERIAL</b>	FormCode: 2011	TreatmentCode:
WasteName:	FormCode: 2008	2008Code:
<b>SPENT PAINT SOLVENTS (CLEANWASH)</b>		AnalyticalCode:
WasteForm:	SourceCode: A19	Generic Profile: Y
<b>CLEANING OF PAINTING EQUIPMENT/PAINT CLEAN-UP</b>		SampleLocation:

<b>WASTE CHARACTERISTICS</b>		
WasteColor:	VARIABLE	PCN: NEG
PhysicalForm:	LIQUID	Cyanide: NEG
PHRange:	4-10	Sulfide: NEG
FlashPoint:	<75	Flammability: NEG
Formaldehyde:	<10%	
SpecificGravity:	0.8-1.0	
Layers:	RE-LAYERED	
STOVolum:	>15.000	

<b>METALS</b>		
Asbestos:	PPM	PPM
Antimony:	<5	Lead:
Barium:	<100	Mercury:
Cadmium:	<1	Selenium:
Chromium:	<1	Silver:
		PPM
		Nickel:
		Thallium:
		Vanadium:

<b>WASTE CODES</b>	Federal D01	D05	R02	R03		State WTC	Designation Code: D
Comments:							

WASTE COMPOSITION		Designation Code: D	
		Min	Max
TOLUENE		20	40
XYLENE		5	20
METHANOL		5	20
METHYL ETHYL KETONE		5	20
PAINT SOLIDS		0	20
ACETONE		1	5
ETHYL ACETATE		1	5
BUTYRYL ALCOHOL		1	5
		140	

SHIPDOT\_FEM: RQ, WASTE FLAMMABLE LIQUID, N.O.S.  
SHIPADDITIONAL: (ACETONE, TOLUENE)  
SHIPHAZARDCLEAN: 5

SHIPDOT\_M: UN1915

SHIPPACKINGGROUP: II

I hereby certify that as an authorized representative of the generator named above, that the above attached description is complete and accurate to the best of my knowledge and ability to determine, that no deliberate or willful omission of composition or properties exist, and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all materials subject to the contract.

Signature: *[Signature]* Date: *2/9/99*  
Printed Name: *THOMAS BIGHAM*